

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 49779
 START CARD # 152263

Klam 54217

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Name Robert Letsch Well Number _____
 Address 909 W Ward St.
 City Klamath Falls State OR Zip 97603

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 445 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	39	Bentonite	0	39	32 Sacks
8"	39	445				

How was seal placed: Method A B C D E
 Other Poured
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	0	39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		<u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250 ft		445'	1 hr.

Temperature of water 74 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 38S N or S Range 9E E or W. WM.
 Section 34AD SE 1/4 NE 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 909 W Ward St Klamath Falls OR 97603

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 10-28-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
143	207	250	28

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
See Original Well Log	0	207	38
Basalt	207	348	
Grey Clay Stone	348	372	
Basalt Claystone Congl	372	401	
Basalt	401	445	

RECEIVED **RECEIVED**
 NOV 05 2003 DEC 09 2003
 WATER RESOURCES DEPT SALEM OREGON WATER RESOURCES DEPT SALEM OREGON

Date started 10-20-03 Completed 10-28-03

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed Gene Oley WWC Number 1803 Date 11-2-03

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Gene Oley WWC Number 1803 Date 11-4-03